SUPPORT AND MANAGEMENT FOR THE PROJECT:

"\*EFFECTS OF THE CHORNOBYL ACCIDENT ON THYROID CANCER AND LEUKEMIA"

CONTRACT BETWEEN NATIONAL CANCER INSTITUTE AND THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

QUARTERLY PROGRESS REPORT, JANUARY 1-MARCH 31, 2001

1. Introduction

This report covers activities carried out during the second quarter of the fourth year of the contract

between the National Cancer Institute (NCI) and Columbia University for the support of thyroid

cancer studies in children in Belarus and Ukraine and leukemia in clean-up workers in Ukraine.

Relevant scientific activities are detailed in Sections 2 and 3. Trips by Columbia investigators and

consultants made in connection with the studies are summarized in Section 4. Administrative

activities are detailed in Section 5 and an outline of projected activities for the third quarter of the

fourth year is given in Section 6.

2. Summary of Progress in the Thyroid Study

The primary focus in the thyroid study during the quarter was the completion of the first round of

screening examinations. This was completed in both Belarus and Ukraine by the end of March, with

a total of approximately 11,500 subjects having been enrolled in Belarus and 13,200 in Ukraine.

Thus, the target size of 24,000 for the cohort for both countries combined has been achieved and

slightly exceeded.

The data processing for data collected during the first round of screenings is progressing

satisfactorily. It appears to be essentially up to date in Belarus, and it is anticipated that it will be

complete in Ukraine in approximately two months time. It will be essential to monitor the progress,

in particular, the final diagnostic summary for study subjects which is still somewhat lagging in

Ukraine.

Another major activity during this quarter has been preparation for the second round of screenings.

This will start in Belarus on April 1, and start in Ukraine approximately half way through March.

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An emphasis has been placed on developing new forms for the study, which essentially is the same for both countries. This will facilitate the combining of the data from the two countries for an eventual analysis. A comprehensive training session was held in Kiev from February 5 to 9,200 l and in Minsk from February 10 to 15, 2001.

A very important component of this training was the conduct of a seminar in both countries by Dr. Richard Sohn, Associate Dean for Research Administration at Columbia University, on the principles and ethics of dealing with human subjects in the studies. This was mandated by the U.S. government for all scientists participating in government-funded research. Dr. Sohn has developed and conducted such courses at Columbia for some time, and his seminars were attended by all scientists participating in the thyroid studies, and also in Kiev, by scientists participating in the leukemia study. In addition, several guest scientists involved in other U.S. studies also attended. These seminars appear to complete the government's requirement for both the thyroid and leukemia studies.

Other topics in the training workshops included questionnaire administration; review of the new operations manual; an introduction of the new questionnaire including, 'in particular, the new dosimetry questionnaire. These latter topics were taught by both NCI and Columbia personnel.

A joint meeting of dosimetrists and epidemiologists from Belarus, Ukraine, Russia and the U.S. was held in Minsk on March 12 to 16, 2001. The primary focus of this meeting was to discuss the evaluation of the new questionnaire, how it will be handled logistically by the epidemiologists and how the value of the questionnaire data will be evaluated. A detailed plan of evaluation was developed which should be completed by the end of June.

Initial results from the second screening round in Ukraine although based on a small number of individuals, suggested that the participation rates could be satisfactorily high (in the order of 90% to 95%). An important issue for the second round of screening will be to maintain a high response rate, and focus on quality control procedures for ensuring that the changes introduced in the second

screening are satisfactorily followed.

Columbia personnel also contributed to the completion of the new Thyroid Protocol, in particular, including a detailed re-estimation of power.

#### 2.1 Other Activities Include:

#### Dr. R McConnell:

- A) Constructive criticism of the Workshop on Urine Iodine summary at the request of Dr. Robbins.
- B) Review and editing of the Belarusian Scientific Protocol at the request of Dr. Beebe.
- C) Continued work on the manuscript that will become our project's "first paper".

#### Dr. J. Robbins:

- A) Participated in CRU staff meetings in Rockville when possible, and the COP meetings on January 8 and March 5,200 1.
- B) Collaborated with Drs. McConnell, and Fink, and co-authors in Minsk and Kiev, in the preparation of abstracts submitted for the Annual Meeting of the European Thyroid Association to be held in Warsaw, August 25-29, 2001.
- C) Prepared a summary of the Workshop on Urine Iodine that was held at Rockville on November 17, 2000, and submitted it for publication in a special issue of THYROID that is scheduled for May 2001.

#### Dr. E. Greenebaum:

A) Participated in preparation of Abstracts submitted to various meetings as per reports submitted by Drs. McConnell, Robbins, and Fink..

#### Dr. D. Fink:

A) Completed the written analysis of the Ukrainian Normal Range Study.

- B) Prepared materials related to Bloodborne pathogens for the training sessions in Minsk and Kiev. Reviewed the operations manuals and forms
- C) Researched the selection of safety needleholders and sharps containers for use in Belarus and Ukraine.
- D) Assisted Sally Hodgson in reviewing supply lists and estimating supply needs.
- E) Discussed with Brahms recent changes in the Brahms assays and assessed their impact on the project.
- F) Participated in the review and modification of the operations manuals, the protocols, the project forms, the methods paper, and the ETA abstracts.

#### 3. Summary of Progress in the Leukemia Study

During this quarter, the primary activity of the leukemia study has been the collection of data for the leukemia registry. This has started in all five oblasts and Kiev City, and is progressing on schedule, with the completion date estimated for the end of June 2001. Visits have been paid by Columbia staff and consultants together with NCI personnel to several of the institutions collecting data and these on spot inspections seem to show that appropriate procedures were being followed.

The quality control sample has been extracted for all data collected, and manual comparisons suggest that the quality of the data is high with a very low error rate both in terms of extracting data, and of completing forms for all appropriate cases.

A satisfactory data entry system has been developed for the leukemia data, though as yet, no satisfactory computerized system for conducting quality control comparisons, general checking and editing of the data has been completed. In several sessions the necessary processes have been discussed in detail with the data manager, but as yet do not appear to have been satisfactorily implemented. This will be a high priority item for the next quarter.

With regard to dosimetry, the main focus on the study has been conducting interviews with 50

subjects with satisfactory EPR measurements (no evidence of dental x-rays). A substantial number have been completed and comparisons will shortly be made between the EPR doses and doses estimated from the questionnaire. Progress has also been made in expanding the current questionnaire to elicit extra information, informing appropriate databases for the estimation of doses by analytic dose reconstruction from the questionnaire.

A detailed timetable for the rest of the year has been agreed to. It is anticipated that record linkage between the cohort file and the leukemia registry will be conducted in September, following an internal linkage of the registry data. Cases and controls should essentially be identified by October, when it is planned to hold a training workshop for those who will be involved in the tracing of cases and controls and the interviewing procedures. Given this schedule, it is reasonable to anticipate that full-scale interviewing should start early in 2002, as per the timetable in the original protocol. It has also been agreed that Yuri Byelyaev will come to Columbia for the month of August both to learn techniques in record linkage, and to assist in the development of the specific software to be used for the leukemia study.

#### 3.1 Other Activities Include:

#### Dr. S. Finch:

- A) During the first quarter of this year Dr. Finch completed and submitted to the American Journal of Hematology a paper in collaboration with several Ukrainian colleagues concerning the results of an international panel's confirmation of cases diagnosed with leukemia in Ukraine.
- B) Wrote a summary paper on the overall results of Phase I of the leukemia study, a draft of which has been distributed to all former members of the project's Working Committee for comment.
- C) Another accomplishment was completion of a draft of the hematology section of the leukemia program's operations manual. This draft has been distributed to both the US and Ukrainian investigators on the project for their comments, revisions and possible corrections.

D) Preparations also were made during the first quarter of 2001 for the next proposed visit to RCRM during the week of 5/20/01.

#### 4. Trips by Columbia Investigators and Consultants (January 1 to March 31, 2001)

These trips are summarized in the table below. Trip reports have been submitted to NCI and brief summaries of these reports are included in Section 2.1,

Name	Place	Study	Date
Finch	Kiev	Leukemia	Feb. 4-9, 2001
Howe	Kiev/Minsk	Thyroid, leukemia	Feb. 3-13, 2001
Fink	Kiev/Minsk	Thyroid	Feb. 7-15, 2001
McConnell	Kiev/Minsk	Thyroid	Feb. 7-15, 2001
Robbins	Kiev/Minsk	Thyroid	Feb. 7-15, 2001
Zablotska	Kiev/Minsk	Thyroid, leukemia	Feb. 5-15, 2001
sohn	Kiev/Minsk	Thyroid, leukemia	Feb. 7-15, 2001
Greenebaum	Minsk	Thyroid	Feb. 10-15, 2001
Howe	Kiev/Minsk	Thyroid, leukemia	Mar. 12-16, 2001

#### 4.1 Summaries of Trip Reports:

## Dr. S. Finch, Kiev, Leukemia (February 4-9, 2001):

Activities Report by S. C. Finch for period January - March, 2001

Dr. Finch visited the Research Center for Radiation Medicine (RCRM) from 02/04/01 to 02/09/01 in connection with the Leukemia Study. A morning meeting during the first day (02/05/01) with most of the members of the leukemia project was concerned with the collection, quality control and entry of data into the Leukemia Registry. Drs. Howe and Thomas were the principal leaders of the discussion. On the afternoon of 02/05/01 and during most of 02/07 and 02/08 Dr. Finch met with Drs. Klimenko and Dyagil and sometimes with Drs. Romanenko, Bazyka, Ledoshchuk and Gudzenko about hematology concerns for the project. Focus in these discussions was on leukemia terminology, ascertainment of cases of leukemia, myelodysplasia and multiple myeloma, suitable forms for data

collection, the writing of an operations manual, the publication of a paper concerning the hematology slide review, the collection of buccal cells and equipment and supplies which may be necessary for conduct of the international hematology slide review. Discussions also were held with Dr. Maria Pilinskaya on the afternoon of 02/08 concerning her need for certain supplies and communication with Dr. McFee concerning publication of their paper which concerns radiation dose estimates for a group of clean-up workers based on cytogenetic and electron paramagnetic resonance studies.

#### Dr. G R. Howe, Kiev and Minsk, Leukemia and Thyroid Studies (February 5-13, 2001):

The primary purpose of this visit was to participate in the training courses organized for the start of the second screening cycle in both countries. The courses were first taught in Kiev from February 5 to 9, 2001, and then repeated in Minsk from February 10 to 15, 2001.

The courses in which Dr. Howe was involved were: a) a general training session for all participants on the principles and practice of administering questionnaires, particularly the new questionnaires and similar forms, and treating study subjects to ensure maximum collaboration and participation; b) for those who will be involved in administering new dosimetry questionnaires; again, focusing on the principles of administering such questionnaires and, in particular, dealing with the dosimetry questionnaire; methods involved both for presentations, practice interviews with simulated subjects and group discussions relating to the questionnaire itself, and techniques for administering it.

The courses appeared to be received by both the Belarusian and Ukrainian participants with enthusiasm and appeared to have achieved their basic purpose. However, it will be essential in the future to reinforce the procedures, which were taught, and, in particular, to conduct similar exercises before the start of each screening cycle.

#### Dr. D. Fink, Kiev and Minsk, Thyroid (February 7-15, 2001):

Kiev - The main purpose of the trip, training for the Ukrainian staff in the forms, operations manual, and blood borne pathogens was accomplished in a satisfactory fashion. The staff from Dr. Epshtein's

and Dr. Kravchenko's laboratories were present as well as the phlebotomists from the fixed and mobile teams.

A separate discussion with Dr. Markov, Dr. Epshtein, and the laboratory staff revealed that there continue to be gaps in their understanding of the implementation of Levey-Jennings techniques for quality control. In particular, Dr. Markov used visual estimates to reset the QC limits instead of calculating the values based on observed laboratory QC Performance.

#### Dr. Fink made several recommendations:

- Quality control limits should be established based on observed laboratory QC values, not from manufacturer's package inserts.
- 2. Needle holders with built in safety devices should be selected and introduced to the project.
- 3. Alternative instruments to perform ionized calcium should be investigated.

Minsk - The main purpose of the trip, training for the Belarusian staff in the forms, operations manual, and bloodborne pathogens was accomplished in a satisfactory fashion, The staff from Dr. Petrenko's laboratory as well as the phlebotomists and ultrasonography nurses (who sometimes fill in for specimen processing or phlebotomy) from the fixed and mobile teams attended the training. The discussions were well received and quite comprehensive. As part of the program, a visit was made to the phelbotomy station in the dispensary where it was learned that there are not adequate containers for disposing of needles and the staff is decontaminating and reusing gloves; these procedures are not acceptable.

#### Dr. Fink made several recommendations:

- It was strongly recommended that the supply of gloves be increased, particularly small and medium, and that ordering hard-sided needle containers on a regular basis should commence.
   The reuse of gloves and the transfer of the needles should be discontinued.
- 2. Needle holders with built in safety devices should be selected and introduced to the project.

- 3. Procedures for handling, reporting, and following up on spills or accidents in the laboratory should be written up and a spill kit prepared. This could be modeled after what is available in the phlebotomy area.
- 4. On his next visit, Dr. Fink will review needle-handling procedures by the mobile team and in Gomel.

## Dr. R. McConnell, Kiev and Minsk, Thyroid (February 7-15, 2001):

A large portion of this quarter's efforts was consumed by the preparation for, execution of, and recovery from retraining of the clinical staff of the Belarusian-Ukrainian-US Thyroid Project that was held in Kiev and Minsk from 7 February- 15 February 200 1. The major purpose of these exercises was to review changes to the Operations Manuals, Clinical Forms, and Instructions prior to beginning the second round of screening on 1 March 200 1.

All of January and early February were given over to an in-depth review of screening procedures and rewriting both the forms and their instructions, with the exception of the Endocrine Summary Form, which was completed after the visit. Drs. McConnell, Robbins, and Thomas collaborated on this project, making an earnest attempt to make the forms nearly the same for both arms of the study, with variations allowed for local peculiarities and preferences. By adopting identical clinical criteria and ensuring that they are uniformly applied, we expect to limit bias in the screening process.

Drs. McConnell and Robbins co-chaired the retraining sessions, with assistance from Dr. Oliynik in Kiev and Dr. Polyanskaya in Minsk. A complete list of the participants is attached as Appendix A. The clinicians of both countries showed enthusiasm for these exercises and discussions were both intelligent and constructive. A major compromise was reached by allowing the Ukrainians to record structures smaller than 5 mm in diameter on ultrasound without calling them nodules. By referring to them as "focal lesions", we were able to be sure that they would be entered into the database and could be compared to lesions of similar size counted as nodules by the Belarusians. A major disappointment was the failure to agree upon consistent criteria for nodule management in patients

not sent to surgery. The Belarusian criteria, listed as Appendix B, were not acceptable to our Ukrainian colleagues.

Drs. McConnell, Fink, and, Robbins spent the month of March writing abstracts for submission to the August 2001 ETA Meeting. These concerned the utility of serum thyroglobulin in screening for thyroid nodules and cancer and are attached as Appendices C and D.

Other activities for this period included constructive criticism of the Workshop on Urine Iodine summary at the request of Dr. Robbins, review and editing of the Belarusian Scientific Protocol at the request of Dr. Beebe, and continued work on the manuscript that will become our project's "first paper".

## Dr. J. Robbins, Kiev and Minsk, Thyroid (February 7-15, 2001):

Dr. Robbins participated in the training visit to Belarus and Ukraine from February 7 to 15, 2001. His major emphasis was on clinical matters and was conducted in cooperation with Drs. McConnell, Fink and Greenebaum. The major collaborators in Minsk were Drs. Polyanskaya, Danilova and Drozd, and in Kiev, Drs. Oleynik, Epshtein and Markov. Other participants were Drs. Perevoznikov and Tylypova (the latter from Gomel) in Minsk and Drs. Bolshova and Terekhova in Kiev. In addition, a number of other individuals from the clinical teams in both countries audited the proceedings.

The topics for discussion centered on the Operations Manuals and on the Reporting Forms.

The emphasis was not only on increasing understanding of the Manual and Forms that had been worked on and tentatively accepted before the visit (except for the Endocrine Summary Form), but also to continue efforts to eliminate differences between the UkrAm and BelAm arms of the study. It became apparent that previous efforts to achieve uniform criteria for recommending aspiration biopsy (FNA) of thyroid nodules and for making a diagnosis of autoimmune thyroiditis (AIT) had been successful. After extensive discussion and attempts at compromise some differences and problems remained but none were of major significance. The most important one concerned focal

abnormalities on ultrasonography that the Ukrainians were unwilling to designate as nodules, By agreeing to call them "focal lesions" we assured that they would not be lost from the data base and could be matched with nodules smaller than 5mm recorded by Belarus. Both UkrAm and BelAm resisted classifying a thyroid gland with a nodule but no diffuse enlargement as Grade 0 goiter but this should not be a problem since thyroid volume would be measured by ultrasonography.

The least developed reporting form, the Endocrine Summary, consumed much of our time but reached the point where it could be finalized by email communication. Drs. Robbins and McConnell were able to compose the instructions for this form. One potential difference between the arms that is not part of the Manual or Forms but could lead to bias was in the formalization of clinical management of thyroid nodules not removed surgically. A listing of current clinical practice in these cases was achieved in Minsk but not in Kiev and should receive attention in subsequent visits.

It was apparent that the Manuals and Forms will require further discussion, and that some of the questions raised will require input from the epidemiologists. However, the training visit assured that the current versions can be adequately utilized in the second screening cycle. The regular working visits of the clinical group should be able to handle ongoing questions and problems.

#### Dr. E. Greenebaum, Minsk, Thyroid (February 10-15, 2001):

Dr. Greenebaum participated in the preparation for retraining for rescreening for 2<sup>nd</sup> & 3<sup>rd</sup> screening cycles for Cytologists and Songographers from Dispensary, Aksakovchina, Oncopathology Center, and Gomel from February 1 O-1 5,200 1. Prior to the trip, Dr. Greenebaum thoroughly reviewed the Ukrainian and Belarusian FNA Cytology and Ultrasound forms and operations manuals. On-site review of forms revealed several changes on English version not made on the Russian version forms.

Retraining sessions in Minsk: 15 participants from all BelAM sites. See Appendix E. Dr. Greenebaum presented several lectures with Kodachromes, discussion sessions, and demonstrations concerning: Basic Thyroid Pathology and Cytology, Difficult Areas Of Diagnosis, Immediate

Assessment Of Adequacy of FNA Biopsies, FNA Biopsy Procedure and FNA Smear Preparation Techniques, and Review of Revised Forms and Operations Manual. This format was successful and was recommended for future use.

Digital Imaging: Dr. Vitaly Kliavich (Songographer) and Dr. Gapanovich (Cytologist at the Dispensary) demonstrated a digital imaging technique using a borrowed projector and CCD camera attached to cytology's microscope, computer and Sonography 's software. Real-time images are displayed on a screen, wall-screen or monitor, for teaching purposes, and stored on MOD disk for permanent record. Images can, be transmitted to USA colleagues for timely consultation, either by E-mail or by satellite, or via MOD disk via postal mail. Dr. Greenebaum strongly supports the purchase of imaging equipment designed for cytopathology.

Slide Review: Dr. Greenebaum conducted slide review of 28 slides, 10 forms, 11 FNA's from 2001 and again found the diagnoses to be accurate without cases of missed cancer. There has been some improvement in the adequacy of FNA specimens. See Appendix F.

Progress: Dr. Greenebaum was pleased with the progress in several areas: Diff Quik staining quality, Immediate assessment being performed routinely at Dispensary (undocumented but will be documented on 2<sup>nd</sup> screening form), Less damage to Dispensary FNA cases slides from scratching, wiping, etc., Planning of digital image acquisition and selection of equipment, Improved adequacy rates in Dispensary and Aksakovchina although not in Gomel or Oncopathology, A slide projector is now available for our presentations.

Major Recommendations: Institute computerized image archiving system for FNA specimens by purchasing a digitized CCD camera, microscope, computer and software.

Improve adequacy of FNA specimens in Belarus by bringing an experienced sonographer as FNA consultant for hands-on demonstration in all four sites.

Purchase Diff Quik stain, fixative and staining supplies for <u>all four</u> sites (Dispensary, Aksakovchina, Oncopathology, and Gomel). Also, purchase FNA needles of appropriate size for sonographers.

Begin the agreed upon, but never implemented, clinical pathologic meetings as soon as possible and continue twice each quarter. This might help understanding some decisions made at Oncopathology center regarding when to perform surgery versus patient follow-up.

#### Dr. G R. Howe, Minsk, Leukemia and Thyroid Studies (March 15-17, 2001):

#### A) Belarus Thyroid Study:

The objective of this trip was to participate in a joint dosimetry/epidemiology meeting in which both countries participated. A number of issues were discussed, in particular, the necessity for estimating thyroid volume for study subjects at the time of their activity measurements in 1986. Various sources of relevant data were identified and plans discussed for analyzing these data and using them for the present study subjects for dose estimation purposes.

The second major issue was discussion of evaluation of the new dosimetry questionnaire. It was agreed that Dr. Luckyanov would take the lead in applying several dose models to a sample of study subjects; these models including both the one based simply on activity measurements, and others which included modification by old and new questionnaire data. These will be applied to a sample of study subjects in both Belarus and Ukraine and an evaluation will then be made as to the possible reduction in systematic and random error by incorporating questionnaire data in the dose estimation procedure.

The opportunity was also used to discuss completing the first round of screening in Belarus. It was agreed that this would be complete by the end of March 2001 and the second screening round will start on the first of April in both Minsk and Gomel. Dr. Stezhko also confirmed that providing access

to the study data to U.S. scientists was a top priority, which he was pursuing with the Minister of Health of Belarus.

#### B) Ukraine Thyroid Study:

Discussions were held as to the status of data processing and the initiation of the second round of screenings. Data processing for first-round screenings should be complete within a couple of months. Based on two weeks of rescreening, the participation rate appears to be between 90% and 95%. The rate of those recommended for FNA and receiving it is now approximately 80%, and the remaining 20% are being actively pursued.

#### C) Leukemia Study:

A detailed discussion was held on the methods to be pursued for dosimetry. In particular, it was suggested that interviewers might come from Dr. Chumak's group and be supervised by him. In principle, this seemed an appropriate idea, but the feasibility and logistics remain to be worked out. Interviewing of 50 subjects with EPR doses is well underway, and once the questionnaire has been modified a further 50 subjects will be interviewed.

Collection of data for the leukemia registry is on schedule, and it should be complete by the end of June. The quality of the data appears to be good, though formal quality control using the computer has not yet been conducted. The importance of this task was emphasized and specific plans discussed with the data manager.

Finally, a detailed timetable for the rest of the year was agreed to which, essentially, follows the outline timetable covered in the original protocol.

#### 5. Administrative Activities:

The first quarter of 2001 began with preparations for February training sessions. Lydia Zablotska worked with Ihor Masnyk to obtain necessary letters of invitation and visas. Travel arrangements were coordinated for Columbia participants and materials needed for training were completed,

One January 30th a one-day meeting was held at Columbia of all investigators and consultants who would participate in the training sessions and seminars. Attending this meeting were: G. Howe, D. Burch, L. Zablotska, R. McConnell, D. Fink, E. Greenebaum, T. Thomas, and J. Robbins. On site training was held the first two weeks of February and the sessions were very successful.

L. Zablotska worked with Dr. Thomas to translate the updated Belarusian and Ukrainian Operations Manuals; with Dr. Howe to translate his transparencies for the training sessions; and with Dr. Sohn to translate the slides required for the human subjects lecture and to prepare overhead transparencies, All of the human subject slides (English and Russian) are posted on the Columbia website for public access

Dr. Richard Sohn, Associate Dean for Research Administration for Columbia University, traveled to Kiev and Minsk to teach the human subject class required by the United States Government for all funded projects. Dr. Sohn is responsible for teaching this class at Columbia University and certified that the content of this class conformed to Columbia University requirements for human subject education for all of the attendees. He noted that because he was not familiar with the study he could not determine if additional personnel should also be given this class and suggested that NCI advise Columbia if they determined that any key personnel were missing from the classes. (See Appendix G)

The annual site visit for Year 3 was held at Columbia on March 2, 200 1. Present from Columbia were: Geoffrey Howe, Daniel Fink, Robert McConnell, Ellen Greenebaum, Richard Sohn, Sally Hodgson and Lydia Zablotska, and; present from NCI were: Elaine Ron, Gil Beebe, Ihor Masnyk,

Terry Thomas, Sharon Miller and Kathy Stein. The progress and problems of the study were discussed and it was noted the work effort of Columbia had changed significantly to support the changing needs of the Contract.

In presenting their overviews of progress Drs. Greenebaum, McConnell and Fink recommended additional supplies needed to maintain safety and quality in the laboratory. These supplies, safety needles, sharp containers, additional gloves, Diff Quick, etc. have now been approved for purchase and will be shipped to the sites.

Concerns about the format of the NCI 2706 financial reporting form were expressed and K. Stein, S. Miller and S. Hodgson worked during the remainder of this quarter to modify the form to clearly show the status of funds. Additional financial reports to NCI by S. Hodgson to provide more detailed information on expenditures are currently under discussion. It is hoped that an informal purchasing report to NCI on a regular basis providing updated information on the status of purchase orders and shipments to the sites will meet NCI requirements. Attached as Appendices H and I are the permanent equipment inventory prepared by Sally Hodgson during her site visit and the Columbia report to NCI on purchasing.

During the third quarter we plan to prepare for the summer trainees, ship the approved purchases, provide support for the upcoming June meetings and finalize reporting requirements with NCI.

#### 6. Proposed Activities for Next Quarter (April 1-June 30, 2001):

#### **6.1 Activities:**

During the quarter a weeklong visit will be paid to Kiev by Drs. Howe and Finch in company with Dr. Thomas of NCI. A short period will be spent with the thyroid study focusing on developing an appropriate data set for analysis from the first round of screening, and assessing progress and problems in the second round of screening, which then should be underway for two months, The

primary focus of the visit, however, will be the leukemia study with a focus on ensuring that appropriate software exists to carry out quality control, checking and editing of the leukemia registry data which should be essentially complete. Detailed plans for the logistics of tracing and interviewing study subjects will also be formulated, and details regarding the nature of the workshop to be held in October of this year should be finalized.

It is anticipated that in June a trip will be made relating primarily to the thyroid study in both Belarus and Ukraine. All Columbia staff and consultants should participate in this visit which will include a side trip to Gomel by the clinical group. The purpose of the trip will be a detailed overall evaluation of the study in both countries, focusing on the identification of problems and their solutions.

A joint dosimetry meeting with epidemiologists from both countries is planned at the same time to take place in Kiev. This will focus on the results of Dr. Luckyanov's work comparing dose estimates based on activity measurements alone, and those modified by questionnaire input. The latter analysis should help to decide on the utility of the new dosimetry questionnaire.

Work will continue on the finalization of record linkage programs, and the software, which will be necessary for examining study data, and conducting preliminary analyses. In addition, a statistical analysis plan will be drawn up for consideration by study scientists. Finally, plans will be drawn up for the pattern of visits in the future to Belarus and Ukraine in order to ensure maximum efficiency of such visits.

## 6.2 Time Line: January l-March 31, 2001

January 30,200 1	Training Meeting at Columbia prior to site visit (Howe, Burch, Zablotska, McConnell, Fink, Greenebaum, Thomas, Robbins)
February 4-9,2001	Leukemia Study Review In Kiev (Finch)
February 3 - 13, 2001	Thyroid and Leukemia Site Visits
February 5 - 15, 2001	Throid Training Meetings in Kiev and Minsk (Zablotska)
February 7 - 15, 2001	Thyroid Meetings in Kiev and Minsk (Howe, Fink, Mc Connell, Robbins, Sohn)
February 10 - 15, 2001	Thyroid Cytology Review (Greenebaum)
March 2,200 1	Year Three Site Visit (E. Ron, G. Beebe, I. Masnyk, T. Thomas, S. Miller, K. Stein, G. Howe, R. Sohn, S. Hodgson, D. Fink, R. McConnell, E. Greenebaum and L. Zablotska)
March 15 - 17, 2001	Thyroid and Leukemia Meetings in Kiev and Minsk (Howe)

## APPENDIX A

## Kiev, Ukraine:

Bolshova, Elena Lysova, Zoya Lyutkevich, Alexander Markov, Valentin Matyashchuk, Sergey Naiyda, Yuri Rakov, Oleg Savosko, Ivan Shelkovskiy, Eugeniy Terekhova, Galina Yavnyuk, Alexander Zybina, Galina

## Minsk, Belarus:

### Republican Dispensary

Panchenko, Irina Perevoznikov, Dimitri

## **Gomel Dispensary**

Gorbachov, Yuri Moskvechova, Tamara Tylypova, Marina

## APPENDIX B

## Current practices in nodule management (Belarus)

- 1. Administration of L-thyroxine:
- Indications: Nodules that are at least partially solid with diameter > 5 mm.
- Contraindications: Pregnancy, unstable cardiovascular disease, hyperthyroidism, and allergy to thyroid hormone.
  - Dose: Begin at 2.5 mcg/kg/day and adjust after 3 months, aiming for TSH 0.1-0.2 mU/L.
  - Duration: Continue for at least 6 months and discontinue if no evident benefit after 9-24 months.
- 2. Administration of iodine preparations:
  - Indication: Nodules that are simple cysts and, in some cases, solid nodules or ultrasound suspicion of nodules (subjects under age 25 years).
  - Contraindication: Allergy to iodine.
  - Form and dose: Usually potassium iodide 200 mcg/day.
- 3. If nodule grows, patient may be sent to surgery after repeat biopsy.

## APPENDIX C

THE BELARUS-USA CHERNOBYL THYROID DISEASE COHORT STUDY (CTDCS): CORRELATION OF SERUM THYROGLOBULIN WITH THYROID CANCER, NODULES, AND ULTRASOUND VOLUME, AND WITH URINE IODINE CONCENTRATION.

Ostapenko V', Polyanskaya O<sup>1</sup>, Petrenko S<sup>1</sup>, Danilova L<sup>1</sup>, Drozd V<sup>1</sup>, Buglova E<sup>1</sup>, Lesnikova N<sup>1</sup>, Rzheutski V', Perevoznikov D<sup>1</sup>, Tjuricov A', Brill AB<sup>3</sup>, Fink D<sup>3</sup>, Greenebaum E<sup>3</sup>, McConnell RJ<sup>3</sup>, Robbins J<sup>2</sup>. Clinical Research Institute of Radiation Medicine and Endocrinology, Ministry of Health, Minsk, Belarus I', NIDDK, National Institutes of Health, Bethesda', MD, USA; Columbia University, New York, NY, USA<sup>3</sup>.

The value of serum thyroglobulin (TG) in screening for thyroid nodule and cancer following <sup>131</sup>I exposure in an area of moderate iodine deficiency is unknown. The CTDCS has enrolled 39000 Belarusian subjects who were age 0-18 years at the time of the accident (26 April 1986) and had direct thyroid radioactivity measurements. By 1 April 2001 11200 cohort members had been screened at least once. Serum TG was measured in 9334, including 467 1 with no thyroid or laboratory abnormality ("normals"), 53 with cancer (M/F=26/27; all but 1 papillary), 496 with solitary nodules, and 198 with multiple nodules. In normals and in the whole cohort, females had a significantly higher mean TG than males. Compared to normals (11.53±0.20), subjects with cancers (25.34±3.29), solitary nodules (15.57±0.77) and multiple nodules (18.27 11.94) had significantly elevated TG (all values ng/ml, mean±SE, and p<0.001). However, in only 12 of those with cancer (23% of the total) was the TG greater than 2 SD above the mean for normals. Although there was no correlation with nodule number or size for the entire cohort, subjects with solid and mixed nodules > 10 mm diameter had higher TG (23.92~t2.25) than those with 5-10 mm nodules (15.32±1.42) and solitary cysts of any size (13.02±1.06). TG concentrations were significantly elevated in subjects with WHO Grade 2 diffuse goiter (32.03±5.30) or those with ultrasound volumes >200\% of unexposed age-matched Belarusians (4 1.52\pm 6.46), Compared to 1874 subjects with normal (100-199 mcg/L) urine iodine (10.78±0.47), TG was significantly higher in 2562 subjects with urine iodine 50-99 mcg/L (12.01±0.27;p<0.05) and in 3373 with <50 mcg/L (16.88±0.42; p<0.001). Although the average TG was significantly elevated in 45 subjects with cancer (24.98±3.57) and in 475 with solitary nodules (15.08±0.76) who did not have diffuse goiter, we conclude that, in an area of moderate iodine deficiency, serum TG alone is not useful in screening for cancer and nodule formation after <sup>131</sup>I exposure.

## APPENDIX D

SERUM THYROGLOBULIN IN SUBJECTS WITH THYROID CANCER, DIFFUSE AND NODULAR GOITER, AND LOW URINE IODINE CONTENT: EXPERIENCE FROM THE UKRAINE-USA CHORNOBYL THYROID PROJECT. Tronko  $M^1$ , Bolshova  $O^1$ , Epshtein  $O^1$ , Kravchenko  $V^1$ , Lysova  $Z^1$ , Lyutkevych  $O^1$ , Oliynyk  $V^1$ , Rakov  $O^1$ , Savosko I', Terekhova  $O^1$ , Brill AB³, Fink  $O^3$ , Greenebaum  $O^3$ , McConnell RJ³, Robbins  $O^3$ . Research Institute of Endocrinology and Metabolism, Kiev, Ukraine'; NIDDK², National Institutes of Health, Rockville, MD, USA; Columbia University, New York, NY, USA³.

Exposure to fallout from the Chomobyl nuclear power plant accident has greatly increased the risk of thyroid cancer and nodular goiter. The combined effect of internal irradiation by radioiodine and environmental iodine deficiency on serum thyroglobulin (TG), a possible marker for thyroid cancer and nodule formation, has not been evaluated. Our Project has enrolled a cohort of 34000 Ukrainians who were 0-18 years or in utero at the time of the accident (26 April 1986) and who had direct thyroid radioactivity measurements in the next 2 months. Serum TG has been measured in 6379 subjects, including 3959 with normal thyroids ("normals"), 14 with thyroid cancer (M/F=6/8) and 79 with nodular goiter (M/F=29/50). In the normals, mean TG levels were similar in both sexes, while in those with cancer and nodules, females had higher mean TG levels than did males. Compared to normals (20.6±0.31), those with thyroid cancer (59.4±8.3) and nodular goiter (37.0±4.4) had significantly elevated TG levels (all values ng/ml; mean±SE). Mean TG was also significantly higher than normal in 114 whose serum TSH was above 4 IU/L (50.1±6.28), 126 with WHO Grade2 diffuse goiter (56.316.32) and in 185 with an age-specific ultrasound volume > 200% of that of an unexposed Ukrainian population (50.6±4.6). In 180 subjects with mixed diffuse and nodular goiter Grade 2, mean TG level (5 I.4±4.7) was comparable to those with cancer and diffuse goiter alone. Urine iodine concentration was decreased in 1980/2 192 (90%) and was severely decreased <50 mcg/L in 1428/2 192 (68%) of the subjects tested. Cohort members with urine iodine content <50 mcg/L had a mean TG (29.1 $\pm$ 0.91) almost twice that of those with a normal iodine content of 100-150 mcg/L (15.9 $\pm$ 1.35; n = 127). We conclude that in a cohort exposed to <sup>131</sup>I, thyroid enlargement apparently resulting from iodine deficiency raises serum TG levels enough to limit its value to predict cancer and nodular goiter formation.

## APPENDIX E

#### **Attendees at re-training:**

- 1. Helen Gapanovich cytologist, Minsk
- 2. Vitaly Khliavich ultrasound, Minsk
- 3. Eduard Shaverda ultrasound, Minsk
- 4. Vladimir Samonchik ultrasound (?Gomel)
- 5. Dmitry Tarapenko ultrasound (?Gomel)
- 6. Tanya Birykova cytologist
- 7. Svetlana Vorontsova Brest
- 8. Natalia Kozlova cytologist Aksakovchina
- 9. Lydia Ladyseva cytologist
- 10. Olga Kamych cytologist, Gomel
- 11. Andrey Lyshchik sonographer, Aksakovshina clinic
- 12. Valentina Drozd Aksakovshina clinic.

Plus 2 Cytologists from Viteps, 2 ultrasound technicians from Minsk, and Dr. Khamara, sonographer, Aksakovchina Thursday only.

## APPENDIX F

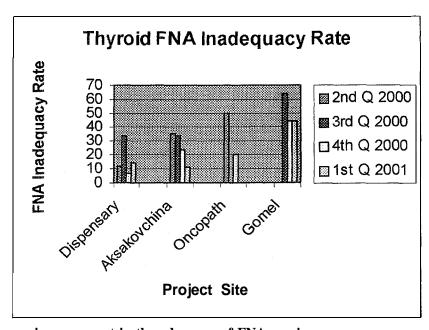
Total cases for fourth quarter (since last review) of 2000: 32 cases, 258 slides. Total cases for first quarter (first 6 weeks only) of 2001: 71 cases, 497 slides.

SUMMARY OF THYROID FNA RESULTS 2000/1 FROM BELAM CYTOLOGIST

	Mi	nsk	Aksak		Oncopath.	Ge	Gomel		
	4 <sup>th</sup> quarter	l <sup>st</sup> quarter	4 <sup>th</sup> quarter	l <sup>st</sup> quarter	4 <sup>th</sup> 1 <sup>st</sup> quarter quarte	4 <sup>th</sup> r quarter	l <sup>st</sup> quarter		
Inadequate	I 2	2	6	1		11	4		
Benign	8	8	17	5		7	5		
Follicular neoplasm	6	3	1	1		1	0		
Suspicious for ca	2	1	2	2		3	0		
Carcinoma	5	0	0	0		0	0		
Total # of nodules	23	14	26	9		22	9		
Total # of cases	21	13	26	9		22	7		
Total # of slides	278	163	129	57		90	38		

The numbers in this table are derived from Dr. Gapanovich's log book; hence, there are some differences from the formal tables in the quarterly report.

The Aksakovchina cases reviewed in these quarters were performed several months earlier. No cases from Oncopathology reviewed in this period.



There has been some improvement in the adequacy of FNA specimens.

## APPENDIX G

February 26, 2001

Sharon Miller Contract Officer Deputy Chief, ESS, NCAB National Cancer Institute

Re: N02 CP 77032:Human Subject Protection Education – Belarus and Ukraine

Dear Ms. Miller:

Human subject protection education was conducted in Kyiv, Ukraine (February 9, 2001) and Minsk, Belarus (February 12, 2001). The education consisted of a slide presentation lecture and question and answer period. A copy of the Cyrillic and English slide translations are attached. Approximately 75 – 100 individuals attended the lecture at each site. Dr. Masnyk has a copy of the list of attendees. Dr. Masnyk and Dr. Thomas will have to be asked if they felt that all "the individuals responsible for the design and conduct of the human subjects research" were present. I am not familiar enough with the researchers to make that determination.

We have provided each site with a hard copy of the Cyrillic slides so that they can be distributed to all personnel. I am also arranging for the Cyrillic/English slide presentation (which includes some slides not presented due to time constraints) to be placed on the Columbia Health Sciences Research Administration web site (with appropriate credit to NCI for providing funds for translation). It will then be available for anyone needing to fulfill the education requirement for Cyrillic -reading people.

On another note, Dr. Fink gave a lecture to the clinical laboratory on handling blood and the risks associated with blood-borne pathogens. I think this information is of broader relevance and it is being translated into Cyrillic in Belarus. I would also suggest that copies of this translation be made and widely distributed.

Yours truly,

Richard J. Sohn, Ph.D.

Assoc. Dean for Research Admin., P&S; Director, Grants and Contracts, HSD

Cc:

Dr. I. Masnyk Dr. G. Howe

S. Hodgson

L. Zablotska

## APPENDIX H

# U. S. Funded Equipment Inventory BelarusThyroid, Ukrainefhyroid and Ukraine Leukemia Projects

	<u> </u>	1		Ţ					
	Code for	-							
D_	Project	Bar Code I	Description	S e Mrodiela I	Number	Year	Location	Project	Person
			,				Laboratory of Morphaology of		
1	UT	10001	Isotemp (steady temp.)	Fisher Sci.	6257		Endocrine Systems	Ukraine Thyroid	Panchenko
			• • • • • • • • • • • • • • • • • • • •				Laboratory of Morphaology of		
2	UT	10002	Isotemp (steady temp.)	Fisher Sci	6258		Endocrine Systems	Ukraine Thyroid	Panchenko
			. , , , , , ,				Laboratory of Morphaology of		
3	UT	10003	sotemp (steady temp.)	Fisher Sci	6259		Endocrine Systems	Ukraine Thyroid	Panchenko
4	UT	10004	Desktop Computer	Compaq	8804BPD20099		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
5	UT	10005	Desktop Computer	Compaq	8804BPD30094		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
6	UT	10006	Desktop Computer	Compaq	8752BPD32005		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
7	UT	10007	File Server	Compaq	8805BP10542		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
8	UT	10008	Laptop Computer	Compag	J808BT52K465		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
9	UT		Printer	Minolta	0420046035		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
10	UT		Desktop Computer	Compag	8804BP03010		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
11	UT		Laptop Computer	Compaq	J8088T52K504		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
12	UT	10012	Scanner	HP-601 OOC	SG81 EI 4082		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
13	UT	10013	Copier	Minolta CS Pro	21742775		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
14	UT	10014	Desktop Computer	Compaq Deskpro	8749BPD20174		Data Coordinating Center	Ukraine Thyroid	Alexander S. Kostin
15	UT		Ultrasound	TOSBEE			Central Laboratory	Ukraine Thyroid	Ephstein
16	UT	10016		Eschenbach	NOT USA PURCHASE				
17	UT		Immunoassay	EGG Berthold	CU01 80169		Assay Room-Immunoassy	Ukraine Thyroid	T. F. Zaichenkol
18	UT		Desktop Computer	Deli (Old)	NIH00915409		Assay Room-Immunoassy	Ukraine Thyroid	T. F. Zaichenkol
	<u> </u>	.00.0	Calcium Analyzer						
19	UT	10019	(634++/PH)	Chiron Diagnostics	3545		Assay Room-Immunoassy	Ukraine Thyroid	T. F. Zaichenkol
20	UT		Refrigerator	Nord-Soft Line	none		Administrative Room	Ukraine Thyroid	Room44
21	UT	10021	Ultrasound	Toshiba SSA	G7582023		Ultrasound Room	Ukraine Thyroid	Y. Naida/A.V. Yavnyuk
22	UT		Centrifuge	Beckman CS6	NGAY07011		Laboratory-Assay Room	Ukraine Thyroid	E. Grechichnikova
23	UT		Centrifuge	Beckman CS6	2NGAY97K12		Mobile Team	Ukraine Thyroid	Y. Naida/A.V. Yavnyuk
24	UT		Bus LAZ-699rd	Lyiv Bus Plant	YOO351261231387	2000	Mobile Team	Ukraine Thyroid	Tronko
25	UT		Desktop Computer	Compaq	8749BPD20142		Administrative Room	Ukraine Thyroid	Room 44
26	- 01		Minolta Copier	CS Pro	207314322	1	Administrative Room	Ukraine Thyroid	Room 44
27 27	LIT		Laptop Computer	Toshiba	77100513E		Central Laboratory	Ukraine Thyroid	Anatoly Keeps At Home
28	UT	10027	Microscope	Leica	B-071		Cytology	Ukraine Thyroid	Dr. Bozhok
29	UT	10028		20.00			, ,		
30	ļ U!		Server	Pro Sigma				Ukraine Leukemia	
30 31	UL		Desktop Computer	Compag Desk Pro	8804BP30092		Effects of Radiation Lab	Ukraine Leukemia	B. Ledoshdhuk
31	UL	10031	Universal Power Source	Compaq T1000h	242688002		Effects of Radiation Lab	Ukraine Leukemia	L_ '
32	UL		Desktop Computer	Compaq Deskpro	8804BP30091		Effects of Radiation Lab	Ukraine Leukemia	Natalie Babkina
34	UL		Desktop Computer	Compaq Deskpro	8804BP30103		Effects of Radiation Lab	Ukraine Leukemia	Natalie Babkina
35	UL	UL	Deskich Computer	13⊌finolta Page ProPrinte			Effects of Radiation Lab	Ukraine Leukemia	Natalie Babkina
	IJ	10026	Desktop Computer	Compaq Desk Pro	8804BPD30101		Effects of Radiation Lab	Ukraine Leukemia	Natalie Babkina
36		10030	Desktop Computer	Compaq Desk Pro	8804BPD30093		Effects of Radiation Lab	Ukraine Leukemia	Natalie Babkina
37 38	UL	10037		Minolta Page Pro	0420049849	<del>                                     </del>	Effects of Radiation Lab	Ukraine Leukemia	Natalie Babkina

## U. S. Funded Equipment Inventory BelarusThyroid, UkraineThyroid and Ukraine Leukemia Projects

20	1 111	40000	D14 Commission	1 Campan Daals Duc	IDDO ADDIDAGOS	}	Effects of Radiation Lab	Ullemin a Lauleaceie	Natalie Babkina
39 40	UL		Desktop Computer	Compaq Desk Pro	8804BPD30095 8804BPD30106			Ukraine Leukemia	Natalie Babkina Natalie Babkina
	UL		Desktop Computer	Compaq Desk Pro	1		Effects of Radiation Lab	Ukraine Leukemia	
41			sktop Computer	Compaq Desk Pro	8804BPD30106		Effects of Radiation Lab	Ukraine Leukemia	S. Gorodetskaya
42	UL	10042		Pro Sigma	8805BP210600	<del></del>	National Registry of Ukraine		Dr. Kartushin
43 44	<u> </u>	188 <u>43</u>	Centrifuge Slide Stainer	Labofuge 400R	LR 56495	-	Hematology	Ukraine Leukemia	Dr. V. Klimenko, Sr.
				Midas II (Harleco)	34971427		Hematology	Ukraine Leukemia	ur.' v. Klimenко, Sr.
_45	UL		Centrifuge		LR56495		Hematology	Ukraine Leukemia	Dr. V. Klimenko, Sr.
_46	UL		Microscope	Leica 020-518.000	501095/177547		Hematology	Ukraine Leukemia	Dr. V. Klimenko, Sr.
47	UL		Refrigerant	Lab-Line	1297-005		Cytogenetics (FISH)	Ukraine Leukemia	
48	UL	10048	Co-Incubator	Lab-Line	0198-0001		Cytogenetics (FISH)	Ukraine Leukemia	S. Dibskiy
				ATTO ARS Lamp					
49	UL		T'ransformer 100 Watt	Control (Zeiss)	98062881		Cytogenetics (FISH)	Ukraine Leukemia	
50	UL		Lense Inside Microscope	Thein Zeiss Option	A21 05kop		Cytogenetics (FISH)	Ukraine Leukemia	S. Dibskiy
51	υĽ		Centrifuge	Heraeus 400R	261427		Immunocytology Lab	Ukraine Leukemia	
52			Pro Printer	Universal	21742777		ask Bebechko	Ukraine Leukemia	Dr. Bebechko
53	UL		Desktop Computer	Compaq	8804BPD30096		Bebechko	Ukraine Leukemia	Dr. Bebechko
54	UL		Desktop Computer	Compaq DeskPro	8804BPD30104		Dosimetry (EPR)	Ukraine Leukemia	Dr. Chumak
55	UL		Measurement Tool	Gaussmeter	572EC10	-	Dosimetry (EPR)	Ukraine Leukemia	Dr. Chumak
56	UL		Resonator	Resonator	ER4108TMH/9503		Dosimetry (EPR)	Ukraine Leukemia	Dr. Chumak
57	UL		Heat Exchanger	ES090	WI 20B480/0012		Dosimetry (EPR)	UKraine Leukemia	er. Chumak
58	UL	10058	Ghriometer	196ECO	ER2181PG1		Dosimetry (EPR)	Ukraine Leukemia	Dr. Chumak
			•		ESP1600SZ/ESP160010				
59	UL	10059 Ha	ard Drive	SCSIFDD	40/3		Dosimetry (EPR)	(Ukraine Leukemia	Dr. Chumak
60	UL	10060	Sonic Sifter	L3P	A4171		Dosimetry (EPR)	Ukraine Leukemia	Dr. Chumak
61	UL	10061	Ultrasonic Bath	Branson 3510	EMC9805512F		Dosimetry (EPR)	Ukraine Leukemia	Dr. Chumak
62	UL	10062	Low Speed Saw	Branson 3510	531ISF01455		Dosimetry (EPR)	Ukraine Leukemia	Dr. Chumak
63	UL		2 Column Press	Press	200094543		Dosimetry (EPR)		Dr. Chumak
64	UL	10064	Computer Laptop	Toshiba	Y8203994R		Dosimetry (EPR)	Ukraine Leukemia	Dr. Chumak
65	UL		Computer Laptop	Toshiba Portage	496033309A		Project Manager	Ukraine Leukemia	Dr. Bazyka
66	UL		CD-Writer	HP Plus	MY004U12B5		Project Manager	Ukraine Leukemia	Dr. Bazyka
67	UL	10067		Pro Sigma UT	8637HUH10335		Dosimetry	Ukraine Leukemia	
68	UL		HDD for Server	HDD Seagate 2.10gb	L3387566		Dosimetry		Dr. Chepuray
69	ul		Desktop Computer	VIST1100P133	510019A00131		Dosimetry	Ukraine Leukemia	
70	UL		Desktop Computer	VIST1100P133	610019A00109	1996	Dosimetry	Ukraine Leukemia	Dr. Gerasymenko
71	ÜĹ		Desktop Computer		610500C00289		Dosimetry	Ukraine Leukemia	Dr. Zhygadio
72	UL		Laser Printer	Laser Jet	NLBB010075		Dosimetry	Ukraine Leukemia	Dr. Zhvaadio
73	UL		Laptop Computer	LUGGI OCI	Out of Office		Dosimetry	Ukraine Leukemia	
74	UL			Sony _	Out of Office		Room 103		Dr. Likhtarev
75	BT	10075		LAZ695H	1209335		Mobile Team	Belarus Thyroid	Dr. Stezhko
76	BT		Microscope	Leica	177540		Cytology Laboratory		Dr. Gaoanovich
77	BT	10076		Minolta EP70	85503658		Registry Office		Dr. Kulagina
78	BT			Belsoft	K200512	2000	Registry Office	Belarus Thyroid	Dr. Kulagina Dr. Kulagina
79	BT			MBL	117785				
80	BT			Laser Jet	C037A				Dr. Kulagina
81	BT			Compaq Desk Pro	D524GKUD473		Endocrinology Station		니r. Kulagina
01	וט	10001	Desktop Computer	Compad Desk Flo	D0240N0D410		Lituociiilology Station	Delatus Hilytolu	Чr. Perevoznikov

# U. S. Funded Equipment Inventory BelarusThyroid, UkraineThyroid and Ukraine Leukemia Projects

82	BT	10082 Ultrasound	Toshiba TOSBEE	84573708		Ultrasound Room	Belarus Thyroid	Dr. Shaverda
83	BT	10083 Magno-Optical Disk	Camtronics	78923658526		Ultrasound Room	Belarus Thyroid	Dr. Shaverda
84	BT	10084 Ultrasound	Toshiba TOSBEE	5592407		Mobile Team	Belarus Thyroid	Dr. Khliavich
85	BT	10085 Laptop Computer	Toshiba	28067881		Mobile Team	Belarus Thyroid	Dr. Khiiavich
86	BT	10086 Desktop Computer	Compag Desk Pro	D525GKUD082		Central Laboratory	Belarus Thyroid	Dr. Karpova
87	BT	10087 Calcium Analyzer	Chiron Diagonostics	35A7		Central Laboratory	Belarus Thyroid	Dr. Karpova
88	BT	10088 AutoLumat	EGG Berthold	CU#0180096	1999	Central Laboratory	Belarus Thyroid	Dr. Karpova
	٦.		Milton Roy Soectronic					
89	BT	10089 Urine Analyzer	2000	none		Central Laboratory	Belarus Thyroid	Dr. Clemiato
90	BT	10090 Gentrifuge	Beekman	3G2109		Blood Collection Station	Belarus Thyroid	Dr. Genderova
91	ВТ	10091 Desktop Computer	Belsoft	K200513	2000	Data Coordinating Center	Belarus Thyroid	
92	BT	10092 Desktop Computer	Belsoft	K200511	2000	Data Coordinating Center	Belarus Thyroid	Dr. Lesnikova
93	BT	10093 Desktop Computer	Belsoft	K200514	2000	Data Coordinating Center	Belarus Thyroid	Dr. Lesnikova
94	BT	10094 Server	Dell	JAXMR32423026	2000	Data Coordinating Center	Belarus Thyroid	Dr. Lesnikova
95	BT	10095 Desktop Computer	Comoaa Pro Sigma	8516HHU20135	1995	Data Coordinating Center	Belarus Thyroid	Dr. Lesnikova
96	ВТ	10086 Server	l Comoaa 5	169116004	1995	Data Coordinating Center	Belarus Thyroid	Dr. Lesnikova
97	ВТ	10097 Desktop Computer	Compaq Desk Pro XL	8515HHR60187		Data Coordinating Ceriter	Belarus Thyroid	Dr. Lesnikova
98	ВТ	10098 Laptop Computer	Compaq	7523HPN40621	1995	Data Coordinating Center	Belarus Thyroid	Dr. Lesnikova
99	ВТ	10099 Desktop Computer	ComputerLand	117784		Data Coordinating Center	Belarus Thyroid	Dr. Lesnikova
100	BT	10100 Copy Machine	Minolta	21505849		Data Coordinating Center	E3elarus Thyroid	Dr. Lesnikova
101	BT	10101 Laser Printer	HP LaserJet simx	ITHC295646	1995	Data Coordinating Center	Belarus Thyroid	Iesnikova
102	BT	10102 Desktop Computer —	Compag Desk Pro	D524GKU4D339	1995	Epidemiology	Belarus Thyroid	<u>Dr.</u> Boglova
+ - 1			, ,	8449H_KAZ21066	1996	Epidemiology	Belarus Thyroid	Dr. Boglova
103	BT	10103 Desktop Computer 10104 Desktop Computer	Compag Desk Pro ComputerLand	117783		Epidemiology	Belarus Thyroid	Dr. Boglova
405	BT	10105 Desktop Computer	Compaq	G551 HSK40766	1995	Dosimetry	Belarus Thyroid	Dr. Minenko
105		10106 Desktop Computer	Compaq	514BA03AQ365		Dosimetry	Belarus Thyro	dDr. Minenko
106 107	BT B1	10107 Laptop Computer	Compag	7450H_JK30792	1995	Dosimetry	Belarus Thyroid	Ur. Minenko
108	BŤ	10108 Desktop Computer	IBM 3005L	06989316	1997	Dosimeter	Belarus i nyroid	טר. Minenko
109	ВТ	10109 Laptop Computer	Toshiba	99078404A	2000	Administration	Belarus Thyroid	I Dr. Pol <u>yanskya</u>